



October 23, 2013

VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W. Washington, D.C. 20554

RE: WC Docket Nos. 10-90 and 11-42

Annual Report Pursuant to 47 C.F.R. §§ 54.313 and 54.422

Study Area Code 269008

Dear Ms. Dortch:

Bluegrass Cellular, Study Area Code 269008, by its authorized representative, files its FCC Form 481 – Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§ 54.313 and 54.422.

Pursuant to FCC Public Notice DA 13-2025 Released October 17, 2013, this filing carries a due date on or before October 31st. The FCC Form 481 has been timely completed and submitted to the Universal Service Administrative Company and the Kentucky Public Service Commission.

Should you have any questions, please call me at 770-649-1886.

Sincerely,

Eileen M Bodamer

Authorized Agent / Consultant to Bluegrass Cellular

Elect Bodamer

Enclosures

Cc: Adam Foster

Michael Grendi

	m 481 - Carrier Annual Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269008	
<015>	Study Area Name	BLUEGRASS CELLULAR	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Eileen Bodamer	
<035>	Contact Telephone Number: Number of the person identified in data line <030	770-649-1886)>	
<039>	Contact Email Address: Email of the person identified in data line <030>	Eileen@Bodamer.con	
ANNUA	L REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached wo	(check box when complete) orksheet)
<200> <210>	Outage Reporting (voice) < check box i	(complete attached we f no outages to report	orksheet)
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	0 (attach descriptive do	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile 6.0E-5 Number of Complaints per 1,000 customers (broad Fixed Mobile		
<500> <510> <600> <610> <700> <710> <800> <1000> <1110> <1110>	Service Quality Standards & Consumer Protection 269008KY510 Functionality in Emergency Situations 269008KY610	(attached descriptive de (check to indicate cert (attached descriptive de (complete attached we (complete attached we (complete attached we (if yes, complete attached we (check to indicate cert (attach descriptive de (if not, check to indicate cert (complete attached we (complete attached we	ocument) v v v v v v v v v v v v v v v v v v v
<2000> <2005>		(complete attached wo	
<3000>	Rate of Return Carriers, Proceed to ROR Addition	nal Documentation Worksheet (check to indicate cert	

Data Co	rvice Quality Improvement Reporting llection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 269008	
<015>	Study Area Name BLUEGRASS CELL	LAR
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data Eileen	
<035>	Contact Telephone Number - Number of person identified in data line <030> 770-6	0-1886
<039>	Contact Email Address - Email Address of person identified in data line <030> Eilee	@Bodamer.con
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)
<u> </u>	year plan med with the rec:	(yes / 110)
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.	
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your compactor which only receives frozen support, your progress report is only	ıy is a
	required to address voice telephony service.	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269008	
<015>	Study Area Name	BLUEGRASS CELLULAR	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030> 770-649-1886		
<039>	Contact Email Address - Email Address of person identified in data line <030> Eileen@Bodamer.con		

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							_					
						:	See attache	d				
						wo	rksheet					
						,,,	711011001					

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	269008
<015>	Study Area Name	BLUEGRASS CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.con
<701>	Residential Local Service Charge Effective Date 1/1/2013	

<702> Single State-wide Residential Local Service Charge

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See att	ached worksheet			
						adrida Workdridat			
								<u> </u>	
ı		ı	ı.		ı	ı			

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269008
<015>	Study Area Name	BLUEGRASS CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <03	0> ⁷⁷⁰⁻⁶⁴⁹⁻¹⁸⁸⁶
<039>	Contact Email Address - Email Address of person identified in data line <0	30> Eileen@Bodamer.con

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed	Broadband Service - Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached {select }
			Se	e attached					
				sheet					

	erating Companies		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2013
-010s	Church Assa Code	269008	
<010> <015>	Study Area Code Study Area Name	BLUEGRASS CELLULAR	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <0	30> 770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data line <0	30> Eileen@Bodamer.con	
<810>	Reporting Carrier Bluegrass Cellular		
<811>	Holding Company		
<812>	Operating Company		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-	See a	ttached works	heet
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-	bal Lands Reporting lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269008		
<015>	Study Area Name	BLUEGRASS CEL	T.TIT.AR	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodan	ner	
<035>	Contact Telephone Number - Number of person identified in data line	ne <030> 770-649	9-1886	
<039>	Contact Email Address - Email Address of person identified in data line		@Bodamer.con	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation	- ī	Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select (Yes,No,		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	NA)		
<922>	Feasibility and sustainability planning;			
<923>	Marketing services in a culturally sensitive manner;			
<924>	Compliance with Rights of way processes			
<925>	Compliance with Land Use permitting requirements			
<926>	Compliance with Facilities Siting rules			
<927>	Compliance with Environmental Review processes			
<928>	Compliance with Cultural Preservation review processes			
<929>	Compliance with Tribal Business and Licensing requirements.			

(1100) No	o Terrestrial Backhaul Reporting		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269008	
<015>	Study Area Name	BLUEGRASS CELLULAR	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.con	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

(1200) Te	erms and Condition for Lifeline Customers			FCC Form 481
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	lection Form			July 2013
<010>	Study Area Code		269008	
<015>	Study Area Name		BLUEGRASS CELLULAR	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data l		770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	Eileen@Bodamer.con	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
		N	ame of attached document (.pdf)	
<1220>	Link to Public Website	HTTP 1	nttp://bluegrasscellular.com/answer_	zone/whats_new/lifeline_public_service_announcements
		III IF		
	"Please check these boxes below to confirm that the attached PDF,			
	on line 1210, or the website listed, on line 1220,			
	contains the required information pursuant to §			
	54.422(a)(2) annual reporting for ETCs receiving low-income			
	support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice	V		
1221	telephony service plans offered to Lifeline subscribers,	النا		
	terepriority service plans offered to Efferine substituters,			
<1222>	Details on the number of minutes provided as part of the plan,	~		
\1222>	Details off the number of minutes provided as part of the plan,	لـــــــا		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

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(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481		
Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0					
	ncluding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers July 2013				
meraumg	nate of Netari carriers affinated with thee cap both Exendinge carriers		,		
<010>	Study Area code	69008			
<015>		LUEGRASS CELLULAR			
<020>		114			
<030>		leen Bodamer			
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886			
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.con			
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ame	rica Phase I support, frozen High Cost support, High Cost support to offset ac	cess charge reductions, and Connect America Phase II		
	support as set forth in 47 CFR § 54.313(b),(c),(d),	(e) the information reported on this form and in the documents attached be	low is accurate.		
	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}				
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	2013 Frozen Support Certification				
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification				
<2015>	2016 and future Frozen Support Certification				
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting {47 CFR § 54.313(e)}				
<2017>	3rd year Broadband Service Certification				
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification				
<2020>	Please check the box to confirm that the attached PDF , on line 2021,				
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a r				
	of CAF Phase II support shall provide the number, names, and address				
	community anchor institutions to which began providing access to bro	adband			
	service in the preceding calendar year.				
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information			

	(3000) Rate Of Return Carrier Additional Documentation FCC Form 481						
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819				
			July 2013				
- <010>	Study Area Code 269008						
<015>		S CELLULAR					
<020>	Program Year 2014						
<030>	Contact Name - Person USAC should contact regarding this data Ei	leen Bodamer					
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886					
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.con					
CHECK t	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.						
	Progress Report on 5 Year Plan						
(3010)	Milestone Certification $\{47\ CFR\ \S\ 54.313\{f\}\{1\}[i]\}$ Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information					
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.						
(3012) (3013) (3014)	Community Anchor Institutions {47 CFR § 54.313{f}(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}(2)} If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)				
(3015)	Telectronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)						
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows						
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)				
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:						
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications						
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows						
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.						
(3022) (3023) (3024)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant						
	Underlying information subjected to an officer certification.		\vdash				
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows						
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information					

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	tion - Reporting Carr lection Form	ier		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269008		
<015>	Study Area Name	BLUEGRASS CELLULAR		
<020>	Program Year	2014		
<030>	30> Contact Name - Person USAC should contact regarding this data Eileen Bodamer		·	
<035>	Contact Telephone Number - Number of person identified in data line <030> 770-649-1886			

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> Eileen@Bodamer.con

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients		
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Contr July 2013	ol No. 3060-0819
<010>	Study Area Code	269008	
<015>	Study Area Name	BLUEGRASS CELLULAR	
<020>	Program Year	2014	
<030>	Contact Name - Person US	USAC should contact regarding this data Eileen Bodamer	
<035>	Contact Telephone Number	ber - Number of person identified in data line <030> 770-649-1886	
<039>	Contact Email Address - Er	Email Address of person identified in data line <030> Eileen@Bodamer.con	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)Michael Grendi Is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Date: 10/15/2013				
rinted name of Authorized Officer: Michael Grendi				
Date for this form: 10/15/2013				
iz				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier: BLUEGRASS CELLULAR			
Name of Authorized Agent or Employee of Agent: Eileen Bodamer			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/15/2013			
Printed name of Authorized Agent or Employee of Agent: Eileen Bodamer			
itle or position of Authorized Agent or Employee of Agent Authorized Agent			
Telephone number of Authorized Agent or Employee of Agent: 770-649-1886			
Study Area Code of Reporting Carrier: 269008 Filing Due Date for this form: 10/15/2013			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Commu 18 of the United States Code, 18 U.S.		or fine or imprisonment under Title	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269008
<015>	Study Area Name	BLUEGRASS CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030)> ⁷⁷⁰⁻⁶⁴⁹⁻¹⁸⁸⁶
<039>	Contact Email Address - Email Address of person identified in data line <03	0> Eileen@Bodamer.con
<810>	Reporting Carrier Bluegrass Cellular	
<811>	Holding Company	
<812>	Operating Company	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
BRANDENBURG TEL CO	260398	
DUO COUNTY TEL COOP	260401	
LOGAN TEL. COOP. INC	260413	
SOUTH CENTRAL RURAL	260418	
CUMBERLAND CELLULAR, INC.	269005	Duo County Telecom
NORTH CENTRAL COMMUNICATIONS	269006	
SOUTH CENTRAL TELCOM LLC	269009	
NORTH CENTRAL COOP	290573	
	Affiliates BRANDENBURG TEL CO DUO COUNTY TEL COOP LOGAN TEL. COOP. INC SOUTH CENTRAL RURAL CUMBERLAND CELLULAR, INC. NORTH CENTRAL COMMUNICATIONS SOUTH CENTRAL TELCOM LLC	Affiliates SAC BRANDENBURG TEL CO 260398 DUO COUNTY TEL COOP 260401 LOGAN TEL. COOP. INC 260413 SOUTH CENTRAL RURAL 260418 CUMBERLAND CELLULAR, INC. 269005 NORTH CENTRAL COMMUNICATIONS 269006 SOUTH CENTRAL TELCOM LLC 269009

Bluegrass Wireless

47 CFR§54.313(a)(5) Certification that it is complying with applicable service quality standards and consumer protection rules

In establishing this certification in its 2005 ETC Order,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.²

Bluegrass meets its service quality standards and consumer protection obligations by complying with the CTIA Consumer Code. Its compliance includes, but is not limited to, the following:

- (1) <u>disclose rates and terms of service to customers</u>; Bluegrass has specific terms and conditions listed on the website and listed in the contracts that are signed by customers.
- (2) <u>Make available maps showing where service is generally available.</u> Bluegrass has coverage maps available on the website and in stores showing the customer area.
- (3) <u>Provide contract terms to customers and confirm changes in service.</u> Bluegrass has specific terms and conditions listed in the customer contracts.
- (4) <u>Allow a trial period for new service.</u> Bluegrass has a return policy of 14 (fourteen) days to cancel service without any charges being made.

¹ Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at 71.

- (5) <u>Provide specific disclosures in advertising.</u> All Bluegrass advertising and promotions have legalese and restrictions listed at the bottom of the ad.
- (6) <u>Separately identify carrier charges from taxes on billing statements.</u> Bluegrass is fully compliant with all truth-in-billing requirements. Both its online billing and traditional paper invoices separately list and identify all carrier charges and taxes.
- (7) <u>Provide customers the right to terminate service for changes to contract terms.</u>
 Bluegrass does offer that option but an Early Termination Fee will charged to their account.
- (8) <u>Provide ready access to customer service</u>. Bluegrass utilizes an extended hours live chat option, email, its FAQ section of its web site, as well as live phone customer service (toll free from a landline or via *611 via a Bluegrass wireless phone) to provide its customers access to whatever service requirements it may have.
- (9) <u>Promptly respond to consumer inquiries and complaints received from government agencies.</u> Bluegrass has a regulatory group tasked to respond within two business days to all customer complaints.
- (10) Abide by policies for protection of consumer privacy. Bluegrass has strict policies in place for the protection of consumer privacy. It maintains a CPNI manual and reinforces compliance with the requirements through routine employee training. Because much of its information is online due to the prevalence of electronic invoicing, access to records is restricted to only those employees who require the information; the company monitors access to its records for all employees and will flag and investigate any suspected abuse or misuse.

Bluegrass Wireless

Demonstration of Ability to Function in Emergency Situations

47, Part 54, Subpart C, §54.202(a)(2)

Bluegrass Wireless ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2) ¹. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2).

The Company meets its federal requirements by deploying battery back-up capability throughout its network that allows it to remain fully operational even when power outages preclude use of an external power source. Each central office building is supplied with standby generators and battery back-up that enable the central office to keep running for at least the minimum of four (4) hours. The Company has battery backup at all office locations and in its electronic equipment sites. In addition to battery back-up at all critical network element locations, the Company has standby generators, fueled by propane and /or natural gas, capable of running at least one week before refueling would be necessary. All stand-by generators are automatically exercised once a week. If a generator malfunction occurs during test mode or during a power outage, it sends an alarm through the Company's central office alarm system and its technical staff is immediately notified. Many non-critical network elements also have

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¹ (1) Each telephone utility shall have a written plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God. Each telephone utility shall train employees in procedure to be followed in an emergency. (2) All central offices and toll centers shall adequately provide for emergency power. Each central and/or toll office shall have a minimum of four (4) hours of battery reserve. In exchanges exceeding 5,000 lines and in toll offices, a permanent auxiliary power unit shall be installed. In offices without installed emergency power facilities there shall be a mobile power unit available of suitable capacity which can be delivered and connected within two (2) hours, or one-half (1/2) the battery reserve time, whichever is greater.

permanent standby generators as described above. Any non-critical location which does not have a permanent standby generator has a suitable size mobile power unit available which can be operational at the site within one hour. Critical portions of the Company's network are fully redundant and / or operate in a self-healing ring configuration for instantaneous redirection of traffic in the event of facility damage. This ability to change its call routing also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Additionally, the Company maintains a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedures.